NAVY MEDICINE

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Reserve Medical Corps

Career Development Planning Guide

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INTRODUCTION

Developing the career of a Reserve Medical Officer (MO) is a dynamic process requiring considerable planning. It must also be flexible since it will be modified as various professional and personal factors change. The factors that may influence a Navy career may include one's civilian career, marital status, family issues, and changes within Navy Medicine. A successful Reserve MO must carefully balance the various demands on time so that all responsibilities are given adequate attention. Just as is the case with a civilian career, a Reservist must be prepared to spend extra time outside the regular drill periods to accomplish the goals of the billet and to achieve his/her full potential.

The Successful Navy Career

A successful Navy career reflects planning for the future. The responsibility for a successful Navy career rests with the individual. The Reservist must have a clear plan of action, set achievable goals, and be flexible. Ideally, civilian and Reserve careers should draw strength from each other; therefore, they should not be compartmentalized, but rather complementary.

It is important to note that the Reserve MO differs from his/her active duty counterpart in several ways. Officers on active duty have an assignment officer (known as a "detailer") who fills the various jobs (known as "billets") and is helpful in guiding the career of the active duty officer. Senior officers (e.g., O-5s and O-6s) in the Navy Reserve have a *de facto* detailer via the APPLY process; however, the APPLY Board has no personal interaction with the Reservist.

In order to ensure an opportunity for a rich and challenging experience as a Reserve MO, Reserve physicians must be able to monitor and manage their careers. The following are suggestions to incorporate when planning a career in the Navy Reserve.

Career Path Options

There are essentially two major career paths that a Reserve MO can explore: clinical and leadership. If an officer has any aspirations for eventual selection to flag rank, the leadership route is more likely to achieve that goal. However, even those that choose the leadership path must first attain clinical experience as outlined below. In taking the leadership path, keep in mind that diversity is the key. The Reservist must serve in billets that demonstrate progressively greater leadership responsibilities in various Navy Medicine programs. Gaining experience in different Reserve programs (e.g., the Marines and Seabees) is also recommended.

Diversity can also be achieved when choosing the clinical pathway because of the various options to serve in operational billets with the Marines (Program 9), the Seabees (Program 7) and an OHSU (Operational Health Support Unit) supporting a Fleet Hospital or other platforms. The restructuring of the Reserves will not leave much opportunity for a member to limit options to only billets which support a medical treatment facility (MTF) via an operational health support unit (OHSU). Most billets in the Reserves will have both an mtf support function and an operational support function. It is important to note that operational billets are viewed very favorably by Selection Boards. To progress to senior ranks while following a clinical track, a physician must excel clinically. Not only does he/she have to fulfill the usual requirements of one's specialty, but the officer should also enhance or develop programs or processes that have a positive impact on areas such as readiness, force health protection, recruiting and retention.

Plan for Several Years Ahead

It is helpful to develop a career plan for four or five years. Appendix A outlines typical career progressions and depicts the various levels of increasing responsibility within various Navy programs of the Medical Department. The table is broad and imprecise by necessity, but should allow comparison with your own career progression. It should be

noted that accepting positions of increasing responsibility and national exposure are important in achieving goals. For example, a typical leadership career plan might encompass being a unit executive officer (XO), officer in charge (OIC), commanding officer (CO), MO of a Readiness Command (REDCOM), or battalion surgeon. This may then lead to serving in a national billet (e.g., being a Division Surgeon with the Marines or being assigned to the Fleet).

Regardless of the track chosen, a MO should also find ways to improve readiness, training or other processes within the Unit; become a department head (DH); and accept collateral duties (e.g., become a Professional School Liaison Officer – PSLO – or a Reserve Specialty Leader). This could lead to serving on the Executive Committee for credentialing or serving on a Selection Board.

Develop Navy Officer Skills

The Navy MO wears two hats: one as a physician and the other as an officer. The Navy expects a Reservist to develop leadership and management skills in addition to medical skills. The MO must be a leader to both clinical and administrative teams. It is expected that the Reservist will utilize a portion of annual training to attend some of the excellent leadership and management courses provided by the Navy.

Operational readiness is another aspect of skills development. The Navy Operational Medicine Institute (NOMI) directs several training courses such as the Fleet Hospital Operational Training Course (FHOTC), the Combat Casualty Care Course (C-4), Cold Weather Medicine, and others (refer to Appendix B for further information). If you are assigned to an OHSU supporting a Fleet Hospital, attendance at FHOTC is mandatory. For those serving with the Marines, other courses are available. Other activities that support mobilization readiness, such as participation in an Operational Readiness Exercise (ORE) or Combined Armed Exercise (CAX), are also important.

Find a Mentor

One of the best methods to assess the Reservist's career progression is to seek advice from an experienced fellow officer. This may be difficult if the member serves in the "prairie navy" and is the only Reserve MO. However, officers in the Nurse Corps, Medical Service Corps, Dental Corps, or the Line can be excellent resources. The Specialty Leader, a member of the Association of Military Surgeons of the United States (AMSUS), or the Association of Medical Corps Officers of the Navy (AMCON) can also be of great assistance. Even a fellow officer from a distant Reserve Center or a Retired Navy officer can be sought for advice. Finally, the Medical Corps (MC) Reserve Affairs Officer at BUMED is always willing to assist a Navy Reserve MO in career planning.

Seek Collateral Duties and Other Opportunities

A MO who is capable of managing two or more jobs skillfully is a valuable asset to the Navy. Some interesting and important collateral assignments are to serve as the Reserve Specialty Leader or as a Professional School Liaison Officer (PSLO). Both positions offer a great way to network with Reservists from around the country. Serving in various leadership billets in the unit (e.g., DH, Training Officer [TO], Administrative Officer [AO], Physical Readiness Officer, etc.) or participating in training activities for all hands on contemporary topics (e.g., Chemical, Biological, Radiological, Nuclear, and/or Explosive events; Heat and Cold Stress, Vaccination Procedures, etc.) are important adjunct opportunities for the Navy doctor. The MC Reserve Officer can also achieve national recognition by serving on a Selection Board or an APPLY board.

Although a Reservist may be mobilized for a year or more, there may also be opportunities for voluntary recall to active duty for specified periods of time in order to work on special projects. Thus, it is not rare for a reservist to move seamlessly between the Reserve and Active duty arena in the course of one's Navy career. Incidentally, these active duty assignments are viewed very favorably by Selection Boards.

What to Expect from Annual Training

The majority of Annual Training (AT) experiences will likely be in mutual support of Navy healthcare at either your supported command or in another MTF. However, some ATs should include attendance at courses that enhance leadership and management skills. It is also important to perform AT with BUMED in Washington, DC and with Commander Naval Reserve Forces Command (COMNAVRESFOR) in New Orleans, LA, in order to become more aware of the inner workings of the Reserves. These experiences will also allow those in command positions to become aware of your attributes and contributions as a Navy officer. This can also be helpful for promotion in later years. The Reservist should also select a few ATs that allow for experiences not readily found in civilian life. For example, in recent years the 4th Medical Battalion performed humanitarian work in Alaska, on the Texas-Mexican border, El Salvador and in Haiti. If you are in an operational billet, including those assigned to the Marines, you should spend some AT time in support of operational exercises such as CAX and live fire (FIREX) exercises. With the advent of the OHSU, there will be more training required for the reservist's operational assignment during AT and the weekend drills.

The Fitness Report (FITREP)

The importance of the FITREP to an officer's career cannot be overemphasized. This is an important career management tool that determines selection for billet assignments, promotion, training programs, and executive medicine positions. The FITREP is the modality that communicates to the Selection Board, in a concise manner, the accomplishments and prospects for the future of a Reservist. The "brag sheet" is the Reservist's input to the reporting senior and should include items that demonstrate a steady progression in the development of leadership and management skills, as reflected in both civilian and Navy Reserve careers. The FITREP documents an officer's career progression and thus identifies leaders and top performers for future advancement and top assignments. Progress is demonstrated by service as a TO, and later as an OIC or XO, or as DH in a MTF. Selection Boards are less impressed with

"non-observed" FITREPS, but comments from these can be included in the brag sheet associated with the annual FITREP. The rankings that appear as part of the FITREP are meaningful. For example, "must promote" and "early promote" check-offs are often essential for promotion. One poor FITREP is rarely a "knockout blow," because it may be considered an anomaly if other FITREPS demonstrate superior performance. A Reservist should always submit a brag sheet to his/her reporting senior, so that all accomplishments, both civilian and military, are duly noted. Additionally, serving on a Selection Board early in an officer's career is very helpful in understanding what is necessary for promotion.

Summary

There is no best way to ensure a successful and fulfilling career in the Navy Reserve. There are as many career paths as there are Navy Reserve physicians. This synopsis is less a road map than it is an attempt to enhance awareness of factors to be considered as you direct your career. This can be a challenging task – and may seem frustrating at times – but for many provides a great sense of satisfaction and accomplishment. The Navy Reserve MC is a great organization, and the Navy Reserve MO has and will continue to make significant contributions to the Navy and to Country.

Appendix A: Career Progression[1]

[1] The program columns in this graphic are very artificial. It is highly recommended that all MOs experience both the "green" (e.g., Marine and Seabees) as well as the "blue" (e.g., Navy platforms) during their careers. This allows greater flexibility and utility of the Navy Reserve Medical Force (NRMF).

Appendix B: A Sampling of Navy Medicine Training Opportunities

Grade	Years	Phase	OHSU supporting gaining command	Program 9 Marines	Program 7 Seabees	Program 5 Flight Surgeons	OHSU supporting Fleet Hospital	Training
Flag	25-30	Executive						
CAPT	17-24	Senior (Master)	C0, XO at an MTF; REDCOM Staff, National Billet	Battalion Command Surgeon, Marine Wing Surgeon	Force Medical Officer		C0, XO, Directorate	Supported Command AT, Mobilization Exercise, Selection Board, Leadership Courses
CDR	10-16	Advanced (Journeyman)	OIC, DH, Executes Integration with Active Component	Regimental Surgeon			DH	Supported Command AT, Major HO, Senior Leadership, Selection Board, Leadership Courses
LCDR	4-9	Intermediate (Apprentice)	AOIC, TO,AO, Integration with Supported Command					Supported Command AT, Mobilization Exercise, Selection Board, Leadership Courses
LT	1-3	Beginner (Recruit)	Medical Officer	Battalion Surgeon	Medical Officer	Flight Surgeon	Medical Officer	Supported Command AT, Mobilization Exercise, Leadership Courses

On-line

1. Navy Knowledge Online (NKO) – register at https://wwwa.nko.navy.mil

   Examples include:

- Basic Medical Department Officer Course (BMDOC)
- Business and Professional Development Library (e.g., courses from the Harvard Business School)
- Chemical, Biological, Radiological, Nuclear, and High-yield Explosive (CBRNE) Courses
- Fleet Business
- General Military Training (GMT)
- Navy Reserve Fundamentals for Active Duty

2. Swank – provides distance learning to the DoD; register at https://www.swankhealth.com

   Examples include:

   - Leadership Skills for Healthcare Executives
   - Strategies and Techniques for a Successful Meeting

NMETC – http://nshs.med.navy.mil

1. Advanced Medical Department Officer Course – completion of all three units of the Basic Medical Department Officer Course (BMDOC) is a requirement before nomination to this Advanced Course.
2. Global Medicine (GM) Course
3. Military Tropical Medicine (MTM) Course

Operational Readiness

1. Operational Short Courses (funded by NOMI). Examples:
   - Combat Casualty Care Course (C-4) – http://www.dmrti.army.mil/C4/c4.htm
   - Joint Operations Medical Managers Course (JOMMC); previously known as C-4A – http://www.dmrti.army.mil/JOMMC/jommc.htm
   - Field Management of Chemical and Biological Casualties (FMCBC) – https://ccc.apgea.army.mil/
   - Medical Management of Chemical and Biological Casualties (MMCBC) – https://ccc.apgea.army.mil/
   - Cold Weather Medicine (CWM) – http://www.mwtc.usmc.mil/
   - Mountain Medicine (MMed) – http://www.mwtc.usmc.mil/
2. Other Operational Courses, per NOMI at http://www.nomi.med.navy.mil:
   - Fleet Hospital Training
   - Flight Surgeon – http://www.nomi.med.navy.mil/Text/NAMI/Training/NavalFlightSurgeon.htm
   - Field Medical Services Officer (FMSO) Course; formerly known as the Medical Department Officers (MDO) Course
   - Homeland Security Medical Executive Course (HLSMEC)
   - Medical Regulating Course (MRC)
   - Military Medical Humanitarian Assistance Course (MMHAC)
3. Other Operational Courses, per the Defense Medical Readiness Training Institute (DMRTI) – http://www.dmrti.army.mil

   Examples:
   - Advanced Burn Life Support (ABLS)

Reserve Center

Reserve Officer Leadership Course (ROLC) – required for all officers every five years (register at http://navlead.com/olc.php).

Others

1. Direct Commission Officer (DCO) School – transitions newly commissioned inactive reserve officers from civilian to Navy; http://www.nsgreatlakes.navy.mil/otcp/
2. Medical Correspondence Courses – https://www-nshspts.med.navy.mil/Courses/Catalog.htm
   Examples:
   - Clinical Aspects of Cold Weather
   - Control of Communicable Diseases in Man
   - Combat Stress Identification
   - Desert Survival
   - Disability Evaluation
   - Field Medical Services
   - Foundations of Military Doctrine
   - Health Services Support Operations
   - Naval Command and Control
   - Operational OB/GYN
   - Physical Examinations
   - Preventive Medicine for Ground Forces
3. Naval War College – http://www.nwc.navy.mil/reserves/schools.htm
   - In Residence
   - College of Distance Education (CDE)